

STATE OF ALASKA

DEPARTMENT OF REVENUE

Tax Division

SARAH PALIN, GOVERNOR

☒ State Office Building
PO Box 110420
Juneau, AK 99811-0420
907.465.2320

☐ 550 W Seventh, Suite 500
Anchorage, AK 99501-3566
907.269.6620

www.tax.alaska.gov

October, 2008

Dear Applicant:

We are pleased to announce that your organization may be able to apply for its 2009 permit online and, if renewing, pay the permit fees online. We encourage your organization to take advantage of the online application. Applying online allows us to process your organization's permits faster than if you file by mail. Find out more about our online application at **www.tax.alaska.gov/gaming**

If you choose to apply by mail, the enclosed packet contains all of the documents your organization needs to obtain a 2009 Games of Chance and Skill permit. All 2009 application forms are also available on the Internet at **www.tax.alaska.gov/forms.asp**.

MANAGER INFORMATION

A permittee that engages in pull-tab sales or bingo under a self-directed permit must designate the person who is its manager of gaming as defined in 15 AAC 160.995 and 15 AAC 160.365. List the legal name, address, phone number and social security number of the manager on page two of the application form. If the organization designates a new manager of gaming after the permit is issued, you must notify the department with an amended permit application within 10 days of the designation.

NEW SIGNATURE REQUIREMENTS

A 2009 permit application must be signed by an officer of your organization, the primary member in charge, the alternate member in charge, and the manager. **By signing the application, the primary and alternate members in charge and the manager agree to a criminal history check by the Department. See new regulation 15 AAC 160.934(a).** Signature lines are provided for all required signatures at the bottom of page one of the 2009 application and amended application forms. **The 2009 application forms must contain all required signatures before 2009 permits can be issued.**

GAMING BANK ACCOUNT [See 15 AAC 160.820(a), (b), and (c)]

The word "gaming" must be included in the name or title that appears on checks and bank statements.

PERMITTEE TEST OF THE MANAGER AND MEMBERS IN CHARGE

This package includes the permittee test for the manager, and the primary and alternate members in charge. Only a manager or primary or alternate member in charge who has not previously passed the test need take the test. The test and blank answer sheet may be photocopied if your organization has more than one person who needs to take the test.

Attach the completed answer sheet(s), signed by the person taking the test, to the application. **Failure of the person taking the test to sign the statement will delay processing of the application. The manager and both the primary and alternate member(s) in charge must pass, or have previously passed, the test before the department may issue a permit. Additional instructions are included with the test and answer sheet in this packet.**

NOTICE TO CITY OR BOROUGH [SEE 15 AAC 160.020)(e)]

Only one copy of your permit application must be submitted to the city or borough nearest to each location in which your organization seeks to conduct an activity under its gaming permit(s). If a proposed gaming activity is in an area served by both a city and a borough, your organization may choose which of the two will receive notice of the application. Proof of these submittals must be retained for three years, pursuant to 15 AAC 160.870.

TEMPORARY PERMIT [SEE 15 AAC 160.110]

A temporary permit will be issued to all renewal applicants that have not been issued 2009 permits but who have paid their fees, passed their tests and submitted a substantially complete renewal application by December 15, 2008. An application postmarked on December 15, 2008, will be considered to have been received on that date. The temporary permit allows a renewal applicant to continue to conduct gaming until February 15, 2009, pending completion of the application process.

FAILURE TO ENCLOSE APPLICATION FEE

The division will not process your application until the permit application fee is received and paid in full. Renewing applicants may pay on line at www.tax.alaska.gov/tops. If you are paying by check or money order, make payment payable to the State of Alaska. **Do not send cash.**

INCOMPLETE APPLICATIONS

One of the primary delays in the application processing is failure by an organization to complete the application and provide all of the required information. **Remember to check all applicable boxes.** To avoid delay in processing your organization's application, use the enclosed checklist to ensure the application is complete.

ORDER OF PROCESSING

All permit and license applications will be processed in the order in which they are received and date-stamped by the division.

TELEPHONE CALLS

Every year, the division is flooded with telephone calls by applicants trying to check on the status of their application. The employees who process the applications must answer these telephone calls. Answering telephone calls about the status of applications is time taken away from processing. We appreciate your cooperation in this matter.

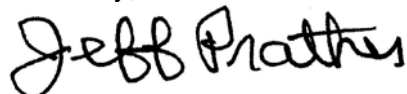
NOTE

Statute and regulation changes occurred in 2008. Go to www.tax.alaska.gov for more information.

CONCLUSION

There are many topics covered in this letter. Please review them thoroughly before proceeding with the application process. We will be working hard to process your applications as quickly as possible. **Don't wait, apply online now at www.tax.alaska.gov/gaming.**

Sincerely,



Jeff Prather
Gaming Unit Supervisor

Enclosures

2009 Gaming Permit Application

New Permittee Instructions check list



Failure to complete any portion of this application will result in the delay of your permit. Use these instructions to make sure all information has been completed.



Page 1: Permit Application

ORGANIZATION INFORMATION

- ☐ You must enter your organization's Federal Employer Identification Number (EIN).
- ☐ Permit Number. New organizations should leave this space blank.
- ☐ Name of Organization, telephone number, fax number, website address, mailing address.

ENTITY TYPE

- ☐ Check one box: Corporation, Partnership or Association.

ORGANIZATION TYPE

- ☐ Check one box. Refer to AS 05.15.690 and AAC 160.995 for definitions of the organization types listed on the application.
- ☐ Membership Question You must check the applicable box.

MEMBERS IN CHARGE OF GAMES

- ☐ Primary and Alternate Persons in Charge of Games must be members of the permittee. Complete all applicable boxes for each member in charge. Please note that social security numbers are required.

LEGAL QUESTIONS.

- ☐ Answer the Questions by checking the appropriate box. If you answer "yes" to either of the questions, you must submit, as an attachment, the person's name, date of birth, social security number and position of responsibility.

SIGNATURES & PAYMENT

- ☐ Four signatures may be required. If the person signing as the primary or alternate member is also the organization's president, then another officer of the organization must sign the application. Check the applicable box under Permit Fee. Submit a check payable to the State of Alaska for \$20 with your organization's permit application.

Page 2: Permit Application

Enter organization name and permit number.

FACILITY-BASED GAMES

- ☐ Check boxes for all game types your organization wants permitted. See Mandatory Attachments for Calcutta Pools and Special Draw Raffles. (For bingo and pull-tabs, list facility names and physical addresses.)

AREA-BASED GAMES

- ☐ Enter location of all self-directed activities. list all cities or boroughs where activities will occur.

MANAGER OF GAMES

- ☐ Manager Information. (Complete ONLY if your organization has self-directed Pull-Tabs and/ or Bingo The manager can be the primary or alternate member in charge or another person appointed to manage the games.)

VENDOR INFORMATION

- ☐ Complete all information in each box for every bar or liquor store listed. Attach a 2009 Pull-Tab Vendor Registration form completed and signed by both parties. Vendor compensation can not exceed 30% of the ideal net of each pull-tab game. A \$50 registration fee must be enclosed for each vendor registration.

OPERATOR INFORMATION

- ☐ List the name of the operator, the operator's business name, the types of games to be conducted, and the operator's license number. Attach a signed operating contract.

MULTIPLE-BENEFICIARY INFORMATION

- ☐ List the name of the MBP, the types of games to be conducted and the MBP permit number.

DEDICATION OF NET PROCEEDS

- ☐ Describe in detail how the organization intends to use the net proceeds from gaming activities. (See statutes and regulations. Planned uses must be consistent with AS 05.15.150 and 15 AAC 160.810.) This section must be completed

Mandatory Attachments:

- ☐ Enclose a current Alaska membership list. (Must contain at least 25 persons but please limit to not more than 40.)
- ☐ Test answer sheet, if applicable, for Primary or Alternate Member in Charge or Manager of Games.
- ☐ One piece of documentation for each of the last four years, showing the organization's ongoing existence. (Example bank statements or minutes of board meetings dated: 2005, 2006, 2007 & 2008.)
- ☐ Certified copy of Articles of Incorporation and a copy of the by-laws. By-laws must contain a dissolution clause that provides for the disposition of net proceeds from charitable gaming activities (See 15 AAC 160.020(a)(5)).
- ☐ IRS tax exempt status letter, if applicable. Not applicable for municipalities.
- ☐ Signature card for separate gaming account (must have two signatures), and a voided copy of a gaming account check showing two signature lines. The bank account must include the word "gaming" in the name or title that appears on checks and bank statements.
- ☐ If applying for a Special Draw Raffle permit, a detailed description of how the special draw will be conducted.
- ☐ If applying for a Calcutta Pool permit, a statement providing the date and physical location of the auction and the date and physical location of the event. A separate permit is required for each Calcutta pool conducted.

- ☐ Signed Operator Contract. (Only if an operator is going to conduct gaming for your organization.)

Regulation 15 AAC 160.020(e) Permit Application

An applicant for a permit that is not a municipality shall accomplish the notice required under AS 05.15.030(a) by submitting one copy of the application submitted under (a)(1) or (b)(1) of this section to the city or borough nearest to the location in which the applicant seeks to conduct an activity permitted under AS 05.15.

Please allow 3 to 4 weeks for your application to be processed.

2009 Gaming Permit Application Renewal Instructions check list



Failure to complete any portion of this application will result in the delay of your permit. Use these instructions to make sure all information has been completed.



SIGNATURES & PAYMENT

- ☐ Four signatures may be required see cover letter. If the person signing as the primary or alternate member is also the organization's president, then another officer of the organization must sign the application. Check the applicable box under Permit Fee. You can pay the fee online at www.tax.alaska.gov, or you can submit a check payable to the State of Alaska with your application.

Page 1: Permit Application

ORGANIZATION INFORMATION

- ☐ Enter your organization's Federal Employer Identification Number (EIN), gaming permit number, phone number, and fax number.
- ☐ Enter your organization's name and website address, if applicable.
- ☐ Enter your organization's mailing address with zip code + 4.

ENTITY TYPE

- ☐ Check one box: Corporation, Partnership or Association.

ORGANIZATION TYPE

- ☐ Check one box. Refer to AS 05.15.690 and AAC 160.995 for definitions of the organization types.
- ☐ Membership Question You must check the appropriate box.

MEMBERS IN CHARGE OF GAMES

- ☐ Primary and Alternate Members in Charge of Games, must be members of the permittee. (Social Security Numbers are required.)

LEGAL QUESTIONS

- ☐ Answer the questions by checking the appropriate box. If you answer "yes" to either of the questions, you must submit, an attachment with the person's name, date of birth, social security number and position of responsibility.

Page 2: Permit Application

- ☐ Enter your organizations name and permit number at the top of page 2.

FACILITY- BASED GAMES

- ☐ Complete all boxes under Facility-based games. See Mandatory Attachments for Calcutta Pools and Special Draw Raffles.

AREA-BASED GAMES

- ☐ Under Area, list each city or borough where your organization will conduct gaming activities. Under Game Type, designate the specific game type(s) that your organization will conduct in the designated area. If your organization will conduct gaming activities in more than two areas, attach additional sheets as necessary.

MANAGER OF GAMES

- ☐ Manager Information. (Complete all boxes only if your organization has self-directed pull-tabs and/or bingo. The manager can be the primary or alternate member in charge, or another person appointed to manage the games.)

VENDOR INFORMATION

- ☐ Complete all information in each box for every bar or liquor store listed.
- ☐ Attach a 2009 Pull-Tab Vendor Registration form completed and signed by both parties.
- ☐ Vendor compensation may not exceed 30% of the ideal net of each pull-tab game.
- ☐ \$50 registration fee must be enclosed for each vendor registration.

OPERATOR INFORMATION

- ☐ List the name of the operator, the operator's business name, the types of games to be conducted, and the operator's license number.

MULTIPLE-BENEFICIARY PERMITTEE INFORMATION

- ☐ List the name of the MBP, the types of games to be conducted and the MBP permit number.

DEDICATION OF NET PROCEEDS

- ☐ Describe in detail how the organization intends to use the net proceeds from gaming activities. (See statutes and regulations. Planned uses must be consistent with AS 05.15.150 and 15 AAC 160.810.)

Mandatory Attachments:

- ☐ Renewal applicants are no longer required to submit a membership list with their application. However, your organization may be required to provide proof of membership during an audit, inspection, or investigation.
- ☐ Attach a signed operating contract. (Only if an operator conducts gaming for your organization.)
- ☐ If applying for a Special Draw Raffle permit, attach a detailed description of how the special draw will be conducted.
- ☐ If applying for a Calcutta Pool permit, attach a statement providing the date and physical location of the auction and the date and physical location of the event. A separate permit is required for each Calcutta pool conducted.

Additional Attachments:

- ☐ Test answer sheet, for new Primary or Alternate Member in Charge or Manager of Games.
- ☐ Copy of revised Articles of Incorporation and By-laws (if applicable). (Only if your organization has made changes since the last set provided to the department.)

Regulation 15 AAC 160.020(e) Permit Application

An applicant for a permit that is not a municipality shall accomplish the notice required under AS 05.15.030(a) by submitting one copy of the application submitted under (a)(1) or (b)(1) of this section to each city or borough nearest to the location in which the applicant seeks to conduct an activity permitted under AS 05.15.

Please allow 3 to 4 weeks for your application to be processed.

2009 Alaska Gaming Permit Application

Organization Information

Department use only
Validation #
Date stamp

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Federal EIN	If renewing, enter gaming permit #	Phone number	Fax number
Organization name	Website address		
Mailing address	City	State AK	Zip + 4
Entity type (check one) <input type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Association	Organization type (check one) for definitions, see AS 05.15.690 and 15 AAC 160.995 <input type="checkbox"/> Charitable <input type="checkbox"/> Civic or service <input type="checkbox"/> Dog mushers' association <input type="checkbox"/> Educational <input type="checkbox"/> Fishing derby association <input type="checkbox"/> Fraternal <input type="checkbox"/> Labor <input type="checkbox"/> Municipality <input type="checkbox"/> Nonprofit trade association <input type="checkbox"/> Outboard motor association <input type="checkbox"/> Police or fire department <input type="checkbox"/> Political <input type="checkbox"/> Religious <input type="checkbox"/> Veterans <input type="checkbox"/> IRA/Native village		
<input type="checkbox"/> Yes <input type="checkbox"/> No Does the organization have 25 or more members who are Alaska residents as defined in your articles of incorporation or bylaws?			

Members in Charge of Games

Members in charge must be natural persons and active members of the organization, or employees of the municipality, and designated by the organization. Members in charge may not be licensed as an operator, be a registered vendor or an employee of a vendor for this organization. If more than one alternate, attach a separate sheet.

Primary member first name	MI	Primary member last name	Alternate member first name	MI	Alternate member last name
Social security number	Email		Social security number	Email	
Daytime phone number	Mobile number		Daytime phone number	Mobile number	
Home mailing address			Home mailing address		
City	State AK	Zip + 4	City	State AK	Zip + 4
Has the primary member passed the test? <input type="checkbox"/> Yes <input type="checkbox"/> No Permit # under which test was taken			Has the alternate member passed the test? <input type="checkbox"/> Yes <input type="checkbox"/> No Permit # under which test was taken		

Legal Questions

These questions must be answered. If you answer Yes to either question, see instructions.

<input type="checkbox"/> Yes <input type="checkbox"/> No Does any member of management or any person who is responsible for gaming activities have a prohibited conflict of interest as defined by 15 AAC 160.954?	<input type="checkbox"/> Yes <input type="checkbox"/> No Has any member of management or any person who is responsible for gaming activities ever been convicted of a felony, extortion, or a violation of a law or ordinance of this state, or another jurisdiction, that is a crime involving theft or dishonesty, or a violation of gambling laws?
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We declare, under penalty of unsworn falsification that we have examined this application, including any attachments, and that to the best of our knowledge and belief it is true and complete. We understand that any false statement made on the application or any attachments is punishable by law. By our signatures below, we the primary member, the alternate member, and if applicable, the manager of games, agree to allow the Department of Revenue to review any criminal history we may have, in accordance with 15 AAC 160.934.

Primary Member In Charge's signature	Printed name	Date
President or other officer's signature (see instructions)	Printed name	Date
Alternate Member in Charge's signature	Printed name	Date
Manager of Games signature	Printed name	Date

Mail to **Alaska Department of Revenue - Tax Division**
PO Box 110420 • Juneau, AK 99811-0420
Phone (907)465-2320 • Fax (907)465-3098
www.tax.alaska.gov/gaming

One copy of the application must be sent to the nearest municipality or borough. See instructions for mandatory attachments.

Pay online with TOPS at www.tax.alaska.gov or make check payable to State of Alaska. New applicants must pay by check.

Permit Fee

The permit fee is based on 2008 estimated gross receipts. Check the appropriate box.

<input type="checkbox"/> New applicant	\$20
<input type="checkbox"/> \$0 - \$20,000	\$20
<input type="checkbox"/> \$20,001 - \$100,000	\$50
<input type="checkbox"/> \$100,001 or more	\$100

Organization name	Gaming permit #	2009 ALASKA GAMING PERMIT APPLICATION GAMES OF CHANCE AND CONTESTS OF SKILL
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Facility-based Games (self-directed)

If more than two facilities, attach a separate sheet.

Facility name	Physical address	City	State AK	Zip + 4
Facility type (check one) <input type="checkbox"/> Owned <input type="checkbox"/> Leased <input type="checkbox"/> Donated	Game type (check all that apply) <input type="checkbox"/> Bingo <input type="checkbox"/> Raffle <input type="checkbox"/> Pull-tabs <input type="checkbox"/> Animal classic (chicken)* <input type="checkbox"/> Animal classic (rat race)* <input type="checkbox"/> Special draw raffle** <input type="checkbox"/> Calcutta pool**			

Facility name	Physical address	City	State AK	Zip + 4
Facility type (check one) <input type="checkbox"/> Owned <input type="checkbox"/> Leased <input type="checkbox"/> Donated	Game type (check all that apply) <input type="checkbox"/> Bingo <input type="checkbox"/> Raffle <input type="checkbox"/> Pull-tabs <input type="checkbox"/> Animal classic (chicken)* <input type="checkbox"/> Animal classic (rat race)* <input type="checkbox"/> Special draw raffle** <input type="checkbox"/> Calcutta pool**			

* restricted game type ** see instructions for mandatory attachments

Area-based Games

If more than two areas, attach a separate sheet.

Area	Game type (check all that apply) <input type="checkbox"/> Raffle <input type="checkbox"/> Contest of skill <input type="checkbox"/> Fish derby <input type="checkbox"/> Dog mushers' contest <input type="checkbox"/> Classic (specify) _____
Area	Game type (check all that apply) <input type="checkbox"/> Raffle <input type="checkbox"/> Contest of skill <input type="checkbox"/> Fish derby <input type="checkbox"/> Dog mushers' contest <input type="checkbox"/> Classic (specify) _____

Manager of Games

Required only for self-directed pull-tabs and bingo.

Manager first name	MI	Manager last name	Social security number	Daytime phone number
Home mailing address			Email	Mobile phone
City	State	Zip + 4	Has the manager of games passed the test? <input type="checkbox"/> Yes <input type="checkbox"/> No	Permit # under which test taken

Vendor Information

Attach 2009 vendor registration form(s) and fee(s) for each vendor listed below.

Bar or liquor store name	Physical address	City	State AK	Zip + 4
Bar or liquor store name	Physical address	City	State AK	Zip + 4
Bar or liquor store name	Physical address	City	State AK	Zip + 4
Bar or liquor store name	Physical address	City	State AK	Zip + 4
Bar or liquor store name	Physical address	City	State AK	Zip + 4

Operator Information

Designate operator who will conduct activities on the organization's behalf. Attach signed operating contract(s). If more than one operator, attach a separate sheet.

Operator name	Business name	Game type(s)	Operator license #
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Multiple-beneficiary Permittee Information (MBP)

Designate the MBP with which the organization has signed a partnership or joint-venture agreement.

MBP name	Game type(s)	MBP permit #
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Dedication of Net Proceeds

Describe in detail how the organization will use the net proceeds from gaming activities.

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2009 Alaska Pull-tab Vendor Registration

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A registration is required for each vendor location. A permittee may not contract with more than five vendors at one time.

Apply online at www.tax.alaska.gov/gaming.

Permittee Information

Federal EIN	Gaming permit #	Permittee name
Phone number	Member in charge	Member in charge phone number

Vendor Information

Federal EIN or Social Security Number*			Beverage dispensary license #		Package store license #	
Owner name			Business license #			
Business name			Phone number		Fax number	
Mailing address			Physical address of vendor location			
City	State	Zip + 4	City of vendor location		State AK	Zip + 4

Legal Questions

* If your business has not been issued a federal EIN, you are required to provide your social security number.

These questions must be answered by the vendor. If the vendor answers Yes to any question, please submit the person's name, date of birth, social security number and position of responsibility.

☐ Yes ☐ No Has any member of management or any person who is responsible for gaming activities ever been convicted of a felony, extortion, or a violation of a law or ordinance of this state or another jurisdiction, that is a crime involving theft or dishonesty, or a violation of gambling laws?

☐ Yes ☐ No Do you employ or have a contract with the primary or alternate member in charge, officer, board member or manager of gaming for the above organization?

☐ Yes ☐ No Do you have a contract other than a vendor contract with the organization listed above?

Vendor Contract to Sell Pull-tabs

Pursuant to AS 05.15.188, the vendor listed above hereby agrees to sell pull-tabs as a vendor on behalf of the permittee listed above.

The vendor further agrees that, as compensation for expenses incurred in selling pull-tabs on behalf of the permittee, % of the ideal net of each game may be retained by the vendor as compensation. Permittee must receive at least 70% of the ideal net from each game. AS 05.188(h).

The vendor further agrees that an amount equal to the ideal net, less the compensation owed to the vendor, shall be paid by check by the vendor to the permittee upon delivery of a pull-tab series. AS 05.15.188(i).

It is further agreed that the vendor will ensure pull-tab winners of \$50 or more will complete prize receipt forms; that prize winner summary form will be completed for each pull-tab game and retained with those winning pull-tabs AS 05.15.187(i); and these records of pull-tab winners will be given to the permittee to retain for the required two or three years. AS 05.15.187(f).

It is further agreed that it is the vendor's responsibility to ensure gaming activity at this vendor location is conducted in accordance with all applicable state statutes and regulations.

It is further agreed that, if the vendor is no longer eligible to sell pull-tabs, then all unopened and opened pull-tab games shall be returned to the permittee within 10 days. If the permittee loses the privilege to conduct gaming activities, then all unopened and opened pull-tab games must be treated in accordance with 15 AAC 160.490.

We declare, under penalty of unsworn falsification, that we have examined this form, including attachments, and that, to the best of our knowledge and belief, it is true and complete.

We understand that any false statement made on this document or attachments is punishable by law.

Signature of vendor	Printed name	Date
Signature of member in charge	Printed name	Date
Department use only: validation #		Department use only: date stamp

Registration Fee is \$50

Pay online with TOPS at www.tax.alaska.gov or make check payable to State of Alaska.

This registration form must be attached to a permit application form and will not be processed until the fee is received.

State of Alaska 2009 Amended Permit Application- Instructions

Complete only sections that have changed.

Use the amended permit application to correct errors or make changes to information submitted on your organization's original 2009 permit application form. Please allow three to four weeks for your amended application to be processed.

Note: If you add a game type or change locations you must submit a copy of the completed amended permit application to the municipality or borough where the new gaming activities will occur.

Organization Information

List your organization's federal employer identification number (EIN), permit number and legal name. Do not complete any of the other information requested in this section unless the information reported on your original application has changed.

Entity Type and Organization Type

Do not complete any information requested in these sections unless information originally reported for these sections was in error or has changed. Membership Question: You must check the appropriate box.

Members in Charge of Games

Your organization can have only one primary member in charge. If the designated primary member in charge resigns or is no longer able to serve as member in charge, the organization has six months to replace the member in charge. You must report the designation of the new member in charge by checking the add box and completing all information requested in the boxes related to the primary member in charge.

Your organization must have one alternate member in charge but it can also designate additional alternate members in charge as it deems necessary. To report the addition of an alternate member in charge, check the add box and complete all information requested in the boxes related to the alternate member in charge. If designating more than one alternate member in charge, attach additional sheets as necessary.

If a designated alternate member in charge is no longer able to serve as member in charge, check the delete box and report all information requested in the boxes related to the alternate member in charge.

New primary and alternate members in charge who have not previously taken and passed the permittee test must take the 2009 version of the test and submit a 2009 test answer sheet with the amended application form.

Legal Questions

If you answer "yes" to either question, you must submit the person's name, date of birth, social security number and position of responsibility.

Signature

The signatures of two individuals are required. If the person signing as the primary or alternate member is also the organization's president, then another officer of the organization must sign the application.

Facility-Based Games

Add or delete a facility by checking the appropriate box and completing all information requested in the boxes related to the facility. All permits issued to a deleted facility must be returned to the Tax Division. Facility game types can be added by checking the appropriate box.

Area-Based Games

Add or delete an area by checking the appropriate box and completing all information requested in the boxes related to the area. All permits issued to a deleted area must be returned to the Tax Division. Area game types can be added by checking the appropriate box.

Manager of Games

To delete a manager, check the delete box and list the manager's first name, middle initial, last name and social security number. Then enter the effective date of this action in the appropriate box. To add a manager, check the add box and complete all information requested in the boxes under this section of the amended application form. A new manager who has not previously taken and passed the permittee test must take the 2009 version of the test and submit a 2009 test answer sheet with the amended application form.

Change of Vendor

Add or delete a vendor by checking the appropriate box and by completing all information requested for each vendor you add or delete. For each vendor added you must submit a completed 2009 Vendor Registration form and pay the \$50 registration fee. You can pay the fee online with TOPS at www.tax.alaska.gov or make a check payable to the State of Alaska. If you delete a vendor, you must return that vendor's permit to the Tax Division.

Change of Operator

Add or delete an operator by checking the appropriate box and completing the requested information. If you are adding an operator you must attach a signed operator contract.

Multiple-Beneficiary Information (MBP)

Add or delete a MBP by checking the appropriate box and completing the requested information.

Dedication of Net Proceeds

Make changes in this section only to amend uses of net proceeds that were reported on your organization's original 2009 Gaming Permit Application.

2009 Alaska Amended Gaming Permit Application

With the exception of the EIN, gaming permit number and the organization name, complete only the information that has changed from information submitted on the original application for this permit year.

Department only: date stamp

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Organization Information

Federal EIN	Gaming permit #	Phone number	Fax number
Organization name	Website address		
Mailing address	City	State AK	Zip + 4
Entity type (check one)	Organization type (check one) for definitions, see AS 05.15.690 and 15 AAC 160.995		
<input type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Association	<input type="checkbox"/> Charitable <input type="checkbox"/> Civic or service <input type="checkbox"/> Dog mushers' association <input type="checkbox"/> Educational <input type="checkbox"/> Fishing derby association	<input type="checkbox"/> Fraternal <input type="checkbox"/> Labor <input type="checkbox"/> Municipality <input type="checkbox"/> Non-profit trade association <input type="checkbox"/> Outboard motor association	<input type="checkbox"/> Police or fire department <input type="checkbox"/> Political <input type="checkbox"/> Religious <input type="checkbox"/> Veterans <input type="checkbox"/> IRA/Native village
<input type="checkbox"/> Yes <input type="checkbox"/> No Does the organization have 25 or more members who are Alaska residents as defined in your articles of incorporation or bylaws?			

Members in Charge of Games

Members in charge must be natural persons and active members of the organization, or employees of the municipality, and designated by the organization. Members in charge may not be licensed as an operator, be a vendor or an employee of a vendor for this organization. If more than one alternate, attach a separate sheet.

Primary member first name	MI	Primary member last name	Alternate member first name	MI	Alternate member last name
Social security number	Email		Social security number	Email	
Daytime phone number	Mobile number		Daytime phone number	Mobile number	
Home mailing address			Home mailing address		
City	State AK	Zip + 4	City	State AK	Zip + 4
Has the primary member passed the test? <input type="checkbox"/> Yes <input type="checkbox"/> No		Permit # under which test was taken	Has the alternate member passed the test? <input type="checkbox"/> Yes <input type="checkbox"/> No		Permit # under which test was taken
Effective date of change		<input type="checkbox"/> Add <input type="checkbox"/> Delete	Effective date of change		<input type="checkbox"/> Add <input type="checkbox"/> Delete

Legal Questions

These questions must be answered. If you answer Yes to either question, see instructions.

- ☐ Yes ☐ No Has any member of management or any person who is responsible for gaming activities ever been convicted of a felony, extortion, or a violation of a law or ordinance of this state, or another jurisdiction, that is a crime involving theft or dishonesty, or a violation of gambling laws?
- ☐ Yes ☐ No Does any member of management or any person who is responsible for gaming activities have a prohibited conflict of interest as defined by 15 AAC 160.954?

We declare, under penalty of unsworn falsification that we have examined this application, including any attachments, and that to the best of our knowledge and belief it is true and complete. We understand that any false statement made on the application or any attachments is punishable by law. By our signatures below, we the primary member, the alternate member, and if applicable, the manager of games, agree to allow the Department of Revenue to review any criminal history we may have, in accordance with 15 AAC 160.934.

Primary Member In Charge's signature	Printed name	Date
President or other officer's signature (see instructions)	Printed name	Date
Alternate Member In Charge's signature	Printed name	Date
Manager of Games signature	Printed name	Date

Mail to **Alaska Department of Revenue - Tax Division**
PO Box 110420 • Juneau, AK 99811-0420
Phone (907)465-2320 • Fax (907)465-3098
www.tax.alaska.gov/gaming

One copy of the application must be sent to the nearest municipality and borough.
See instructions for mandatory attachments.

826A

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Organization name	Gaming permit #	2009 AK AMENDED GAMING PERMIT APPLICATION GAMES OF CHANCE AND CONTESTS OF SKILL
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Facility-based Games (self-directed)

If more than two facilities, attach a separate sheet.

<input type="checkbox"/> Add <input type="checkbox"/> Delete	Facility name	Physical address	City	State AK	Zip + 4
Facility type (check one) <input type="checkbox"/> Owned <input type="checkbox"/> Leased <input type="checkbox"/> Donated		Game type (check all that apply) <input type="checkbox"/> Bingo <input type="checkbox"/> Raffle <input type="checkbox"/> Pull-tabs <input type="checkbox"/> Animal classic (chicken)* <input type="checkbox"/> Animal classic (rat race)* <input type="checkbox"/> Special draw raffle** <input type="checkbox"/> Calcutta pool**			

<input type="checkbox"/> Add <input type="checkbox"/> Delete	Facility name	Physical address	City	State AK	Zip + 4
Facility type (check one) <input type="checkbox"/> Owned <input type="checkbox"/> Leased <input type="checkbox"/> Donated		Game type (check all that apply) <input type="checkbox"/> Bingo <input type="checkbox"/> Raffle <input type="checkbox"/> Pull-tabs <input type="checkbox"/> Animal classic (chicken)* <input type="checkbox"/> Animal classic (rat race)* <input type="checkbox"/> Special draw raffle** <input type="checkbox"/> Calcutta pool**			

* restricted game type ** see instructions for mandatory attachments

Area-based Games

If more than two areas, attach a separate sheet.

<input type="checkbox"/> Add <input type="checkbox"/> Delete	Area	Game type (check all that apply) <input type="checkbox"/> Raffle <input type="checkbox"/> Contest of skill <input type="checkbox"/> Fish derby <input type="checkbox"/> Dog mushers' contest <input type="checkbox"/> Classic (specify) _____
<input type="checkbox"/> Add <input type="checkbox"/> Delete	Area	Game type (check all that apply) <input type="checkbox"/> Raffle <input type="checkbox"/> Contest of skill <input type="checkbox"/> Fish derby <input type="checkbox"/> Dog mushers' contest <input type="checkbox"/> Classic (specify) _____

Manager of Games

Required only for self-directed pull-tabs and bingo.

<input type="checkbox"/> Add <input type="checkbox"/> Delete	Manager first name	MI	Manager last name	Social security number	Daytime phone number
Home mailing address			City	State	Zip + 4
Email		Has the manager of games passed the test? <input type="checkbox"/> Yes <input type="checkbox"/> No		Permit # under which test taken	Effective date of change

Change of Vendor

Vendors may only sell pull-tabs. Attach vendor registration form(s) and fee(s) for each vendor listed.

<input type="checkbox"/> Add <input type="checkbox"/> Delete	Bar or liquor store name	Physical address	City	State AK	Zip + 4
<input type="checkbox"/> Add <input type="checkbox"/> Delete	Bar or liquor store name	Physical address	City	State AK	Zip + 4
<input type="checkbox"/> Add <input type="checkbox"/> Delete	Bar or liquor store name	Physical address	City	State AK	Zip + 4
<input type="checkbox"/> Add <input type="checkbox"/> Delete	Bar or liquor store name	Physical address	City	State AK	Zip + 4
<input type="checkbox"/> Add <input type="checkbox"/> Delete	Bar or liquor store name	Physical address	City	State AK	Zip + 4

Change of Operator

Designate operator. If adding an operator, attach a signed operating contract. If more than one change, attach a separate sheet.

<input type="checkbox"/> Add <input type="checkbox"/> Delete	Operator name	Business name	Game type(s)	Operator license #
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Multiple-beneficiary Permittee Information (MBP)

Designate the MBP. If more than one change, attach a separate sheet.

<input type="checkbox"/> Add <input type="checkbox"/> Delete	MBP name	Game type(s)	MBP permit #
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Dedication of Net Proceeds

Describe in detail how the organization's use of net proceeds from gaming activities will change.

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